



MGPI of Indiana, LLC
7 Ridge Avenue
Lawrenceburg, Indiana 47025
800.255.0302
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Indiana Department of Environmental Management
Compliance and Enforcement Branch, Office of Air Quality
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, Indiana 46204-2251

Dear Sir / Madam,

Re: Quarterly Deviation and Compliance Monitoring and Excess Emissions Reports Part
70 Operating Permit No.: T029-32119-00005.

Enclosed is the referenced report for the second quarter of 2015.

This report is being submitted because Significant Permit Modification No. 029-35505-
00005 added page 58, parameter "total feed rate".

Sincerely,

William R. Graves
EHS Manager
MGPI of Indiana, LLC
7 Ridge Avenue
Lawrenceburg, IN 47025
Phone (812) 532-4158
Fax (812) 532-4216
Email: randy.graves@mgpingredients.com

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: MGPI of Indiana
Source Address: 7 Ridge Avenue, Lawrenceburg, Indiana 47025
Part 70 Permit No.: T029-32119-00005

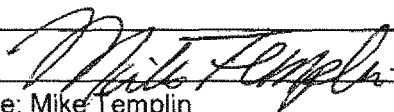
This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- ☐ Annual Compliance Certification Letter
- ☐ Test Result (specify)
- ☒ Report (specify)
- ☐ Notification (specify)
- ☐ Affidavit (specify)
- ☐ Other (specify)

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:



Printed Name: Mike Templin

Title/Position: Plant Manager

Phone: 812-532-4171

Date:

9/9/2015

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH**

Part 70 Quarterly Report

Source Name: MGPI of Indiana
Source Address: 7 Ridge Avenue, Lawrenceburg, Indiana 47025
Part 70 Permit No.: T029-32119-00005
Facility: Five (5) Rotary Dryers (EU-32)
Parameter: total dryer feed rate
Limit: shall not exceed 147,000 tons per twelve (12) consecutive month period with compliance determined at the end of each month.

QUARTER : Second

YEAR: 2015

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1	9,291	115,446	124,737
Month 2	9,453	111,735	121,188
Month 3	9,165	109,815	118,980

☒ No deviation occurred in this quarter.

☐ Deviation/s occurred in this quarter.
Deviation has been reported on:

Submitted by: William R. Graves _____

Title / Position: EHS Manager

Signature: William R. Graves

Date: 9-4-15

Phone: 812-532-4158

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH**

Part 70 Quarterly Report

Source Name: MGPI of Indiana
Source Address: 7 Ridge Avenue, Lawrenceburg, Indiana 47025
Part 70 Permit No.: T029-32119-00005
Facility: One (1) steam boiler, identified as EU-97
Parameter: #2 Fuel Oil Burned
Limit: 1,848,000 gallons per twelve (12) consecutive month period, equivalent to SO₂ emissions of 39.4 tons per year, with compliance determined at the end of each month.

YEAR: 2015

Month	#2 Fuel Oil (gallons)	#2 Fuel Oil (gallons)	# 2 Fuel Oil (gallons)
	This Month	Previous 11 Months	12 Month Total
April	0	0	0
May	0	0	0
June	0	0	0

☒ No deviation occurred in this quarter.

☐ Deviation/s occurred in this quarter.
Deviation has been reported on:

Submitted by: William R. Graves
Title / Position: EHS Manager
Signature: William R. Graves
Date: 9-4-15
Phone: 812-532-4158

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
PART 70 OPERATING PERMIT
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: MGPI of Indiana
Source Address: 7 Ridge Avenue, Lawrenceburg, Indiana 47025
Part 70 Permit No.: T029-32119-00005

Months: April ____ to June ____ Year: 2015

Page 1 of 2

This report shall be submitted quarterly based on a calendar year. Proper notice submittal under Section B –Emergency Provisions satisfies the reporting requirements of paragraph (a) of Section C- General Reporting. Any deviation from the requirements of this permit, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. A deviation required to be reported pursuant to an applicable requirement that exists independent of the permit, shall be reported according to the schedule stated in the applicable requirement and does not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

☐ NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

☐ THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Form Completed by: William R. Graves_____

Title / Position: EHS Manager_____

Date: 9-4-15_____

Phone: 812-532-4158_____

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div>	
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: Indiana Dept. Environmental Mgmt. Compliance and Enforcement Branch Office of Air Quality 100 North Senate Avenue MC 61-53 IGCN 1003 Indianapolis, IN 46204-2251		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No OCT 28 2015 EDVD BY MAILBOX	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7014 2120 0000 2151 0525	
PS Form 3811, July 2013		Domestic Return Receipt	

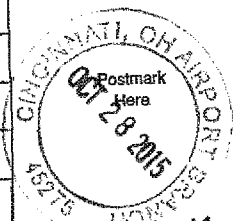
7014 2120 0000 2151 0525

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Sent To Indiana Dept. Environmental Mgmt.
Compliance and Enforcement Branch
Office of Air Quality
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, IN 46204-2251

PS Form 3800, July 2014
See Reverse for Instructions